

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 23 1935

4601

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 3009
 City CAPE GIRARDEAU (No. Second + Main St Red Star Add. St. _____ Ward) _____

File No. _____
 Registered No. 5-8

2. FULL NAME

Ely F Kinder
 (a) Residence, No. Second + Main St St. _____ Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 5 - 1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 1 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoop mill Labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

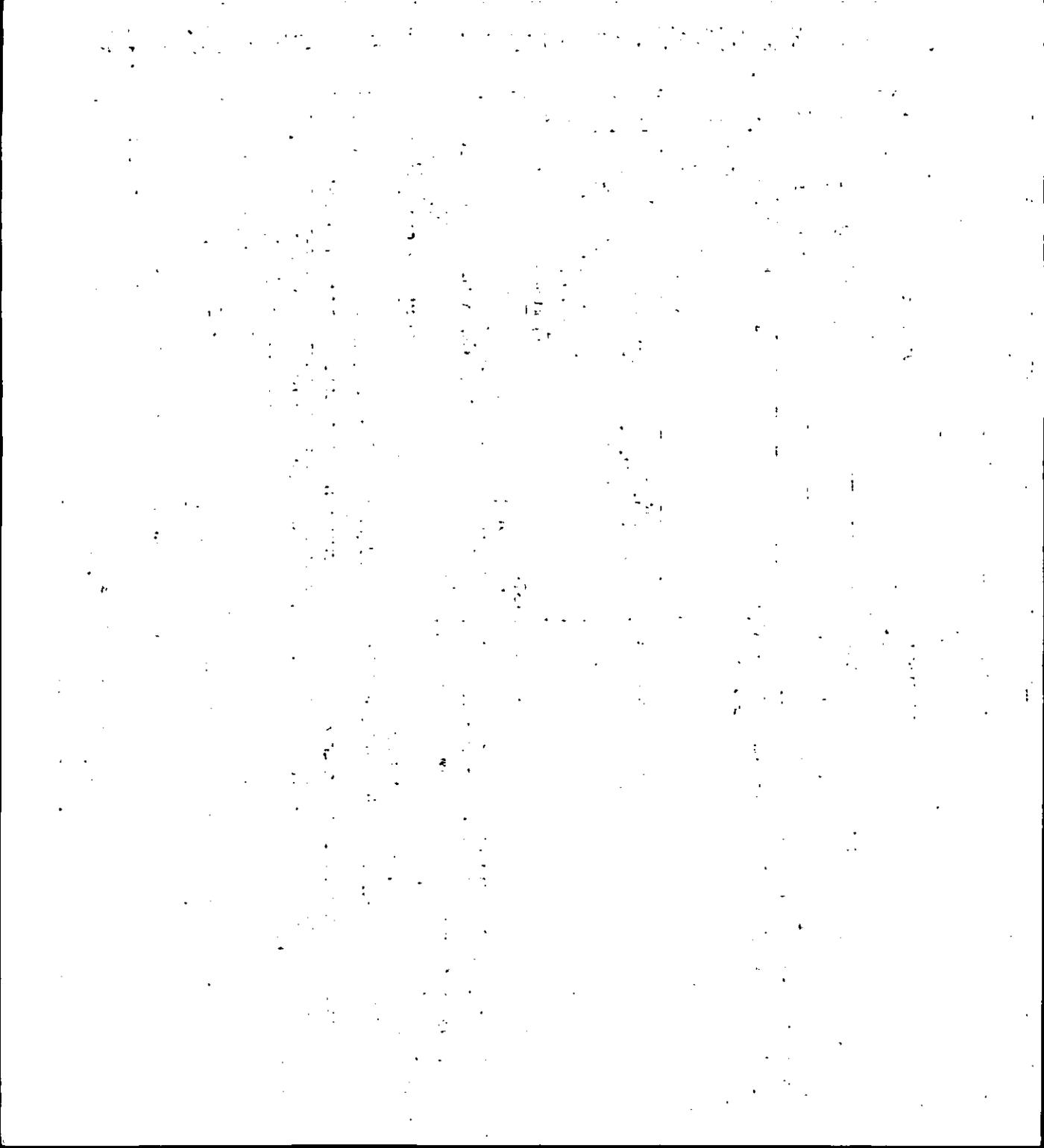
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 23, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to Feb 23, 1935
 I last saw him alive on Feb 23, 1935. Death is said to have occurred on the date stated above, at 2:10 p. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset 1-30-35
 Other contributory causes of importance: age, exposure

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo
 FATHER 13. NAME Ely Kinder
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordville Mo
 MOTHER 15. MAIDEN NAME Kathryne Curtis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordville Mo
 17. INFORMANT (ADDRESS) Ely Kinder Cape Girardeau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hobbs Chapel DATE Feb - 24, 1935
 19. UNDERTAKER (ADDRESS) Hanna's Funeral Home Cape Girardeau Mo
 20. FILED 1-23-35 J.M. Thompson Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John St. Avit, M. D.
 (Address) 167 N. Spanish St. Cape Girardeau Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



State of Missouri, |
 | SS.
County of Cape Girardeau |

Henry Kinder, of lawful age, having been duly sworn upon his oath deposes and says:

That he is 60 years of age, that he has resided in Cape Girardeau County, Missouri, all his life time, that he is a brother to Alex Kinder, deceased. That he has been living in the same community with his said brother all his life time, that his brother, namely Alex Kinder was born on the 5th day of January, A.D., 1868. That somehow an error was made in giving in his age to the Registrar of Vital Statistics. That the correct date of the birth of the said Alex Kinder is the 5th day of January, 1868. The said Alex Kinder died on the 23rd day of February, 1935.

Further deponent sayeth not.

H Kinder

Subscribed and sworn to before me this 22nd day of March, 1935.

Oscar A. Knehan
Notary Public.

My commission expires January 6th, 1937.

S-4601

Feb. 23, 1935